SECTION 01 62 32
SUBSTITUTION REQUEST FORM

To:	**Project:**
Attn:	
Specified Item:	**Proposed Substitute:**

1.   The following are attached (Mark all that apply):
  Complete Description   **Catalog**
  Laboratory Tests   **Spec Data**

2.   This substitution will have the following effects on dimensions, gauges, weights, etc.:

3.   This substitution will have the following effects on wiring, piping, ductwork, etc.:

4.   This substitution will have the following effects on other trades:

5.   This substitution will have the following effect on construction Schedules:

6.   The proposed substitute(s) differs from the specified product(s) in quality and performance as follows:

7.   Manufacturers guarantees for the substitute(s) and the specified product(s) are (check one):
  the same   **different** (if different, explain below)

8.   Information on the availability of maintenance services and replacement materials for proposed substitute(s) is provided on an attached sheet if applicable. This attachment is:
  attached   **not applicable**

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9. Names, addresses, and phone numbers of fabricators and suppliers for proposed substitute(s) are provided on an attached sheet if applicable. This attachment is:
        attached   **not applicable**

10. If the proposed substitution is accepted, it will result in:
        no cost impact   **a cost increase of**
                                 a cost decrease of _____
(If change in cost is indicated, itemization on RPA January 2007 Std 01 26 50 is attached)

11. License fees or royalties are pending on the proposed substitute.
        No   **Yes** (if yes, explain below)

12. The undersigned or the firm represented shall pay for additional studies, investigations, submittals, redesign, and analysis by the Designer necessitated by this substitution request.

Substitutions must be requested in accordance with applicable Contract requirements. After bidding, substitutions are to be submitted only by Contractor. Substitute products should not be ordered or installed without written acceptance.

Submitted by: **Date:**
        Sign here:

Name: **Telephone:**
type or print:

for:
Name of firm:

Address:
        Street
        address:

      and mailing
        address
      if different:

   City, State,
and Zip Code:

Designer's Review Comments:
        Accepted   **Rejected**
        Accepted as noted   **Rejected (received too late)**
                                Rejected (submittal incomplete)
        Additional comments:

For the Designer: **Date:**
        Signature here:

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